Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	I on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Rodney O Culbreath	M M / D D / Y Y Y Y
Mailing Address 100 Asbury Ct	09 07 2014 Amount
City State Zip Code	20.00
Winchester VA 22602	Transaction ID: 1c640e57-3600-43ae-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 07 2014
Name of Federal Candidate Support Office	e Sought: House District:00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 287939.02	ursement For:
Full Name of Payee Rze Culbreath	Date of Public Distribution/Dissemination
McClare Address	09 07 2014
Mailing Address 100 Asbury Ct	Amount
City State Zip Code	10.00
Winchester VA 22602	Transaction ID : a9286181-79fd-44d2-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 / D D / Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary X General 4 Other (specify) ▶
-	
(a) SUBTOTAL of Itemized Independent Expenditures	30.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
24.0	09 09 2014
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	INI EXPEND	HOILS	PAGE 2 OF 17 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Peter Sahuc			09 07 2014
Mailing Address 107 Phillip Ave			Amount
City	State	Zip Code	80.00
Lafayette	LA	70503	Transaction ID : abd28d89-3104-4b3a-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 07 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	,,,,	111309.30	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Peter Sahuc			09 07 7 2014
Mailing Address 107 Phillip Ave			Amount
City	State	Zip Code	81.00
Lafayette	LA	70503	Transaction ID : c16b7fdf-ac20-49c0-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 07 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		111309.30	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		161.00
(a) SOBTOTAL OF REIMIZED INDEPENDENT EXPEND			101.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures		>
(c) TOTAL Independent Expenditures			·
	didate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09
-			

Schedule E)			TOTILO		PAGE 3 OF 17 FOR SE OF FORM 24/48
NAME OF COMMI					FEC IDENTIFICATION NUMBER ▼
Women Spe	ak Out PAC				C C00530766
Check if 24-ho	our report X 48-hour r	eport New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of F Brooke A					of Public Distribution/Dissemination
Mailing Addres	S 168 Graduate Lane Apt 3	324		Amou	09 07 2014 nt
City		State	Zip Code		70.00
Boone		NC	28607		action ID : 111290bc-04d8-4a79-b of Disbursement or Obligation
Purpose of Exp Salary	penditure		Category/ Type 001		09 07 2014
Name of Feder	ral Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagar	1		X Oppose	Preside	NO.
	Year-To-Date on for Office Sought	2	87939.02	Disbursement 2014 Or	t For:
Full Name of F Brooke A (Gilham	ot 324			of Public Distribution/Dissemination
				Amou	
City Boone		State NC	Zip Code 28607	Transa Date o	42.60 ction ID : a8a1d394-37ad-4acb-8 of Disbursement or Obligation
Purpose of Ex Mileage	penditure		Category/ Type 002	IM	09 07 2014
Name of Fede	ral Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagai	n		Oppose	Preside	ent Senate State: NC
	Year-To-Date on for Office Sought		287939.02	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL	of Itemized Independent E	Expenditures			112.60
(b) SUBTOTAL	of Unitemized Independen	nt Expenditures		. •	
(c) TOTAL Inde	pendent Expenditures			· [7
with, or at the re		ny candidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
	. Emily Buchanan	[Electroni	cally Filed] Date	9 09 /	09 2014
Signature					

Schedule E)		PAGE 4 OF 17 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New r	report Amends report fi	led on Mam / Dab / Yayayay
Full Name of Payer		
Full Name of Payee Billy Martin		Date of Public Distribution/Dissemination M M O O O O O O O O O O O O O O O O O
Mailing Address 250 JS Brewton rd		Amount
City State	Zip Code	40.00
goldonna LA	71031	Transaction ID: 62f44f8b-aae8-437e-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Of	ffice Sought: House District:00
Ms. Mary L Landrieu	∑ Oppose [President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		sbursement For:
Full Name of Payee Billy Martin		Date of Public Distribution/Dissemination
Matter Address		09 07 2014
Mailing Address 250 JS Brewton rd		Amount
City State	Zip Code	2.40
goldonna LA	71031	Transaction ID: 45f920de-f8cb-4af6-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / 07 / 2014
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary General 014 Other (specify)
(a) SURTOTAL of Itomized Indopendent Europeditures	•	40.40
(a) SUBTOTAL of Itemized Independent Expenditures	·····	42.40
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditur with, or at the request or suggestion of, any candidate or authoriz party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electr	ronically Filed] Date	09
Signature		

Schedule E)	0	TI EXI END			PAGE 5 OF 17 FOR SE OF FORM 24/48
NAME OF COMMITTEE (II					FEC IDENTIFICATION NUMBER ▼
Women Speak Ou	ıt PAC				C C00530766
Chaple if 24 hour rone	rt X 48-hour report	New rep	art Amanda ran	ort filed on	W = M / D = D / Y = Y = Y
Check if 24-hour repo	rt 🔀 48-nour report	X New rep	ort Amends repo	ort filed on	
Full Name of Payee Jon Linch					of Public Distribution/Dissemination
Mailing Address 6108	Harkins Ave			Amou	
City		State	Zip Code	<u> </u>	20.00
Little Rock		AR	72210		saction ID : d539aa09-8bbf-43c0-9 of Disbursement or Obligation
Purpose of Expenditure Salary	9		Category/ Type 001		09 06 7 2014
Name of Federal Cand	idate		Support	Office Sough	ht: House District: 00
Mr. Mark L Pryor			X Oppose	Presid	lent Senate State: AR
Calendar Year-To-l Per Election for O	*****	7	81164.65	Disbursemer 2014	nt For:
Full Name of Payee Jon Linch					of Public Distribution/Dissemination
Moiling Addyson	O Harlina Ava			— L	09 / 06 / 2014
610	8 Harkins Ave			Amou	unt
City		State	Zip Code		14.40
Little Rock		AR	72210	Trans Date	action ID: 32923ed8-528d-45a1-a of Disbursement or Obligation
Purpose of Expenditure Mileage	9		Category/ Type 002	$\Box \mid \Box$	09 / 06 / 2014
Name of Federal Cand	lidate		Support	Office Soug	ht: House District: 00
Mr. Mark L Pryor			Oppose	Presid	dent X Senate State: AR
Calendar Year-To- Per Election for C		7	81164.65	Disbursement 2014	nt For:
(-) OUDTOT!					
(a) SUBTOTAL of Itemi	zed Independent Expenditu	res		··· >	34.40
(b) SUBTOTAL of Unite	mized Independent Expend	ditures		·· •	171171171
(c) TOTAL Independent	Expenditures				7 1 7 1 7
with, or at the request of		date or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emily B	uchanan	[Electron	ically Filed] Date	e 09	09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			_		

Scl	hedule E)	L/(1 L. (12.	101120				PAGE 6 OF 17 FOR SE OF FORM 24/48	
	ME OF COMMITTEE (In Full)					FEC ID	ENTIFICATION NUMBER	
W	omen Speak Out PAC						C00530766	
Che	eck if 24-hour report X 48-hour report	New repo	ort Amer	nds repo	ort filed on	M /	D = D / Y = Y = Y =	Y
T	Full Name of Payee Shelbi L Randall					of Public	Distribution/Dissemination	
-	Mailing Address 202 East Park Ave Apt 40				Amou	09	07 2014	
ŀ	Cia. (State	Zip Code				45.00	
Ĭ	City S Searcy	AR	72143				D: c3bb0743-d031-4d5e- rsement or Obligation	_
	Purpose of Expenditure Salary		Category/ Type	001		09	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
ŀ	Name of Federal Candidate		Su	ıpport	Office Sough	nt:	House District: 00)
	Mr. Mark L Pryor			opose	Preside	_	Senate State: AR	
	Calendar Year-To-Date Per Election for Office Sought		81164.65		Disbursemen 2014	nt For: Other (sp	Primary X Gene	ral
	Full Name of Payee Randy M Gold					of Public	Distribution/Dissemination/	
	Mailing Address 1436 Haigs Creek Dr				Amou	ınt		
ľ	City	State	Zip Code				100.00	
	Elgin	SC	29045		Transa Date	of Disbu	D: 63d2bcf2-79bc-43ee-aursement or Obligation	
	Purpose of Expenditure Salary		Category/ Type	001	$\exists \mid \Box$	09	07 / 2014	Υ
	Name of Federal Candidate		Su	upport	Office Sough	nt:	House District: 00	0
	Mr. Mark L Pryor		X Op	opose	Presid	ent \sum	Senate State: AR	<u>t</u>
	Calendar Year-To-Date Per Election for Office Sought		81164.65		Disbursemer 2014	nt For: Other (sp	Primary	eral
((a) SUBTOTAL of Itemized Independent Expenditures				· [- 7	145.00	
((b) SUBTOTAL of Unitemized Independent Expenditure	əs						
((c) TOTAL Independent Expenditures				•	1 4		
W	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its agr	or authorized						
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	09	09	2014	
	Signature							

Schedule E)	= /(1 =	101120		PAGE 7 OF 17 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo	rt filed on	M
Full Name of Payee Randy M Gold				of Public Distribution/Dissemination
Mailing Address 1436 Haigs Creek Dr			L	09 07 2014
1.00114195 0.001.2.			Amou	nt
City St	tate	Zip Code		79.47
<u> </u>	sc	29045		caction ID: ed8e6fe2-eee7-48b3-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	09 / 07 / 2014
Name of Federal Candidate		Support	Office Sough	it: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		81164.65	Disbursemen 2014 O	at For: Primary ⊠ General Sther (specify) ►
Full Name of Payee			Date	of Public Distribution/Dissemination
Kaleigh J Wagner			N.	00 07 / Y Y Y Y Y
Mailing Address 18065 Wayne Rd				09 07 2014
- 10000 110/110 110			Amou	ınt
City	state	Zip Code	-11 :	100.00
	FL	33556		action ID: 7e83a69d-e8a6-44cd-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		09 / 07 / 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	ent Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		81164.65	Disbursemen 2014	nt For:
-				
(a) SUBTOTAL of Itemized Independent Expenditures			•	179.47
(b) SUBTOTAL of Unitemized Independent Expenditures	s		· []	7 1 7 1 7
(c) TOTAL Independent Expenditures			_	
(c) TOTAL Independent Expenditures			·	4
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan	[Electroni	cally Filed] Date		09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	6 300330700
Check if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Joneisha Stewart	09 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2329 Runnymede Dr	Amount
City State Zip Code	50.00
Marrero LA 70072	Transaction ID: 61a2df30-53bb-4063-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 07 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee Christopher Marquess	Date of Public Distribution/Dissemination
	09 07 2014
Mailing Address 110 W Pecan St	Amount
City State Zip Code	50.00
Ville Platte LA 70586	Transaction ID : 5c931ceb-6db5-4895-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 / D D / Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA State:
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
	7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
	9 09 2014
Signature	

Schedule E)		PAGE 9 OF 17 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C	C00530766
Check if 24-hour report X 48-hour report New report Am	nends report filed on	/ D D / Y Y Y Y Y
Full Name of Payee	Date of Pub	lia Diatribution/Discomination
Christopher Marquess	Date of Pub	lic Distribution/Dissemination / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 W Pecan St	Amount	
City State Zip Code		36.90
Ville Platte LA 70586		ID: f4a24932-df85-4811-9 pursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002 09	07 / 2014
Name of Federal Candidate	Support Office Sought:	House District: 00
Ma Marriel Landston	Oppose President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 111309.30	Disbursement For: 2014 Other (s	Primary ⊠ General specify) ►
Full Name of Payee ERIC TABARY	Date of Pub	olic Distribution/Dissemination
Mailing Address 6101 NORA ST	Amount	07 2014
City State Zip Code		65.00
METAIRIE LA 70003	Transaction Date of Disl	ID: 6b2b31c4-77b1-4c16-a bursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 09	07 2014
Name of Federal Candidate	Support Office Sought:	House District: 00
	Oppose President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 111309.3	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures		101.90
(b) SUBTOTAL of Unitemized Independent Expenditures	······································	42 1 42
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures reported he with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Filed]	Date 09 09	2014
Signature		

Schedule E)		1101120		PAGE 10 OF 17 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee	,		Data of	Dublic Distribution/Discomination
ERIC TABÁRY			Date of	
Mailing Address 6101 NORA ST			Amount	
City	State	Zip Code		1.80
METAIRIE	LA	70003		ction ID: 7df0c3b1-0d43-41b3-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	0	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	Presiden	t Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, 1	111309.30	Disbursement I 2014 Oth	For: Primary
Full Name of Payee			Date of	Public Distribution/Dissemination
Taylor N Randall			0	
Mailing Address 2002 E Park Ave			Amount	
Apt 40			Amount	
City	State	Zip Code		45.00
Searcy	AR	72143	Date of	tion ID : f1b3b5bb-04e5-4ff0-9 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 0	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	Presiden	t Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	81164.65	Disbursement 2014 Oth	For: Primary X General er (specify) ►
•				
(a) SUBTOTAL of Itemized Independent Expenditure	es		•	46.80
(b) SUBTOTAL of Unitemized Independent Expendi	tures		· •	7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independ- with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		09 2014
Signature				

Schedule E)	PAGE 11 OF 17 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	M - M / D - D / Y - Y - Y - Y
Check if 24-hour report 48-hour report New report Amends	s report filed on
Full Name of Payee Taylor N Randall	Date of Public Distribution/Dissemination
Mailing Address 2002 E Park Ave	09 07 2014
Apt 40	Amount
City State Zip Code	41.01
Searcy AR 72143	Transaction ID : 65cdc92d-d01a-4b1f-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type	002 09 07 7 2014
Name of Federal Candidate Suppo	ort Office Sought: House District: 00
Mr. Mark L Pryor Oppor	
Calendar Year-To-Date Per Election for Office Sought 81164.65	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Francis Richardson	09 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 220 Doucet Rd	
	Amount
City State Zip Code	20.00
Lafayette LA 70503	Transaction ID : 9462abf5-7f7b-44d2-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 09 / 07 / 2014
Name of Federal Candidate Supp	oort Office Sought: House District: 00
Ms. Mary L Landrieu Oppo	ose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 111309.30	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	61.01
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	··········· >
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or ag party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 09 09 2014
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	C 600330700
Check if 24-hour report	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Francis Richardson	09 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 220 Doucet Rd	Amount
City State Zip Code	1.92
Lafayette LA 70503	Transaction ID: e7e6b120-9477-4385-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	09 07 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
Full Name of Payee Brandy Starns	Date of Public Distribution/Dissemination
Diandy Stains	09 07 2014
Mailing Address 300 Evangeline St	Amount
City State Zip Code	45.00
Monroe LA 71201	Transaction ID : 9d6a0967-9821-45cd-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	09 / D D / Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	46.92
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	•
	9 09 2014
Signature	

Schedule E)	LINDITOTILO	PAGE 13 OF 17 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends report file	ed on
Full Name of Payee Brandy Starns		Date of Public Distribution/Dissemination
		09 / 07 / 2014
Mailing Address 300 Evangeline St		Amount
City State	Zip Code	14.70
Monroe LA	71201	Transaction ID: 8d296b0a-0665-47dd-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Offi	ice Sought: House District:00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	111309.30 Dis 201	bursement For: Primary General Other (specify) General
Full Name of Payee		Date of Public Distribution/Dissemination
Mr. Elizabeth Allison		09 07 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 157 Bishop Drive		Amount
City State	Zip Code	25.00
Avondale LA	70094	Transaction ID: 33a17a43-2745-4364-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Off	ice Sought: House District: 00
Ms. Mary L Landrieu	∑ Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	111309.30 Dis 20	sbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·····	39.70
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	>	
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or an party committee) any political party committee or its agent.		
	[Electronically Filed] Date	09
Signature	_	

Schedule E)	PAGE 14 OF 17 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends re	eport filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Laura Rose Porter	09 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 227 Fairgrounds Road	Amount
City State Zip Code	25.00
Natchitoches LA 71457	Transaction ID : 7282ae9f-7625-4bd6-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 00	M M / D D / Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Laura Rose Porter	09 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 227 Fairgrounds Road	09 07 2014
	Amount
City State Zip Code	3.60
Natchitoches LA 71457	Transaction ID : 210b5730-4143-475c-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	09 / 07 / 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	
Calendar Year-To-Date Per Election for Office Sought 111309.30	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	28.60
(b) SUBTOTAL of Unitemized Independent Expenditures	···· >
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein wer with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Da	ate 09 09 2014
Signature	***

Schedule E)	iti Ex Eitz	110.120		PAGE 15 OF 17 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Michael Vidrine			м = м	blic Distribution/Dissemination
Mailing Address 1103 West Wilson Street			Amount	07 2014
City	State	Zip Code		65.00
Ville Platte	LA	70586		on ID : e1c1b66f-4174-4fea-b sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M 09	07 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	111309.30	Disbursement For 2014 Other	:
Full Name of Payee Michael Vidrine			Date of Pu	ablic Distribution/Dissemination
Mailing Address 1103 West Wilson Street			Amount	
City	State	Zip Code		37.50
Ville Platte	LA	70586	Transaction Date of Dis	n ID: ca057059-d157-474c-9 sbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	07 Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	111309.30	Disbursement For 2014 Other	r: Primary
(a) SUBTOTAL of Itemized Independent Expendit	ures		·	102.50
(b) SUBTOTAL of Unitemized Independent Expen	nditures		· •	
(c) TOTAL Independent Expenditures			·	7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	09 09	
Signature				

Schedule E)				PAGE 16 OF 17 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	/ D D / Y D Y D Y
Full Name of Payee			Date of Pul	olic Distribution/Dissemination
Vonniqua Jackson			09	07 / 2014
Mailing Address 111 Westchester Blvd Apt D4			Amount	
City	State	Zip Code		50.00
Slidell	LA	70458		n ID : bbc13941-fba6-44fa-b
Purpose of Expenditure Salary		Category/ Type 001	M M M 09	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		111309.30	Disbursement For: 2014 Other (Primary
Full Name of Payee				blic Distribution/Dissemination
Benjamin Hernandez			M M M M 09	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 915 E Market Ave			09	07 2014
			Amount	
City	State	Zip Code		62.50
Searcy	AR	72149	Transaction Date of Dis	ID: d6a38eae-0d81-4b56-8 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	07 Y 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		81164.65	Disbursement For 2014 Other	: Primary X General (specify) ▶
//				
(a) SUBTOTAL of Itemized Independent Expendent	litures		•	112.50
(b) SUBTOTAL of Unitemized Independent Expe	enditures		. •	7 1 2 1 2
(c) TOTAL Independent Expenditures			· •	7
Under penalty of perjury I certify that the indepwith, or at the request or suggestion of, any car party committee) any political party committee or	ndidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	09 09	
Signature				

Sch	edule E)			PAGE 17 OF 17 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)		FE	EC IDENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC		C	C00530766
Chec	k if 24-hour report X 48-hour report New report	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
	Full Name of Payee Benjamin Hernandez			Public Distribution/Dissemination
	Mailing Address 915 E Market Ave		09	
			Amount	
C	City State	Zip Code		41.70
Ŀ	Searcy AR	72149		tion ID: c48cb659-a2fa-43dc-8 Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	M 09	
Ν	lame of Federal Candidate	Support	Office Sought:	House District: 00
ľ	Mr. Mark L Pryor	Oppose	President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	81164.65	Disbursement F 2014 Othe	or: Primary ⊠ General
F				Public Distribution/Dissemination
			M	M / D D / Y D Y D
N	Mailing Address		Amount	
			Amount	
	Dity State	Zip Code		, , , , , , , , , , , , , , , , , , , ,
			Date of	Disbursement or Obligation
l f	Purpose of Expenditure	Category/ Type	M =	M / D = D / Y = Y = Y
١	Name of Federal Candidate	Support	Office Sought:	House District:
		Oppose	President	Senate State:
	Calendar Year-To-Date Per Election for Office Sought		Disbursement F	or: Primary General or (specify) ▶
				(Specify) •
(a)) SUBTOTAL of Itemized Independent Expenditures		•	41.70
(b) SUBTOTAL of Unitemized Independent Expenditures		· [7 1 7 1 5 1
(c)) TOTAL Independent Expenditures		·	1386.50
wit	nder penalty of perjury I certify that the independent expenditures th, or at the request or suggestion of, any candidate or authorized rty committee) any political party committee or its agent.			
		ically Filed] Date		09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature			